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Convention on the Rights of the Child

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Committee on the Rights of the Child
Seventy-eighth session

Summary record of the 2297th meeting
Held at the Palais Wilson, Geneva, on Thursday, 24 May 2018, at 10 a.m.

Chair: Ms. Winter

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The meeting was called to order at 10 a.m.

Consideration of reports of States parties (*continued*)

Combined fifth and sixth periodic reports of Norway (*continued*) (CRC/C/NOR/5-6; CRC/C/NOR/Q/5-6 and CRC/C/NOR/Q/5-6/Add.1)

1. *At the invitation of the Chair, the delegation of Norway took places at the Committee table.*

2. **Ms. Gulbrandsen** (Norway), resuming her delegation's replies to the questions raised at the previous meeting, said that 90 per cent of municipal authorities had chosen to establish youth councils or other participatory bodies for young people, even though they were not obliged to do so. There were plans to introduce new legislation to regulate the system of youth councils.

3. **Ms. Otani** (Country Task Force) asked whether the Government had considered the possibility of introducing legislation that would require all municipal authorities to set up youth councils.

4. **Ms. Gulbrandsen** (Norway), acknowledging that the Government had not discussed the issue, said that the new legislation on youth councils would not impose any such requirement on municipal authorities.

5. **Ms. Berg** (Norway) said that a public committee had been appointed by the Government in 2014 to review child welfare legislation. Based on the proposals submitted, an initial set of amendments to the Child Welfare Act had been drafted; those amendments, which were designed to strengthen legal safeguards for children and parents in child welfare cases, had been adopted by the parliament on 15 March 2018 and would enter into force on 1 July 2018. The Ministry of Children and Equality was now working on a more comprehensive technical, linguistic and structural review of the Child Welfare Act, focusing on issues such as the quality of care in child welfare institutions. Public consultations on the draft revised version of the Act would be held in 2019.

6. **Ms. Aldoseri** (Coordinator, Country Task Force) asked whether the revised version of the Child Welfare Act would explicitly address the right of children to parental care and the disproportionate resort to placement of children in welfare institutions.

7. **Ms. Berg** (Norway) said that the revised text would focus primarily on children's rights rather than parental rights. It would also emphasize the right of parents whose child had been placed in alternative care to be reunited with their child.

8. **Mr. Osmunddalen** (Norway) said that municipal authorities were funded through general grants from the Government and were free to identify their own budget priorities. A reporting system had been set up to monitor municipal spending on services aimed at children.

9. **Ms. Rafoss** (Norway) said that the number of staff employed by child welfare services had increased by 19 per cent between 2013 and 2016 and had continued to rise; as a result, the number of cases assigned to each caseworker had fallen. The Government had endeavoured to address staffing disparities between municipalities by awarding more generous grants to vulnerable areas; however, it was ultimately up to the municipal authorities to make sure that child welfare services were properly staffed. Steps would be taken to improve leadership and monitoring at the municipal level as part of the reform of the child welfare system.

10. Regional disparities in the provision of child welfare services could be attributed to demographic and socioeconomic variation, as well as differences in staffing levels and budget priorities. Those disparities were being addressed through training programmes for social workers and financial incentives for municipal authorities.

11. Guidelines issued by the Directorate for Children, Youth and Family Affairs emphasized that siblings who were placed in foster care should not be separated from one another unless it was in their best interests and separated siblings must be allowed to remain in contact with one another unless there were strong grounds for preventing contact. The

Directorate was investigating ways to improve the provision of foster care for siblings and had received earmarked funding for the recruitment of foster families who were able to cater for siblings. An expert committee had been appointed to review the regulation and funding of foster care in general. The United Nations Guidelines for the Alternative Care of Children had been translated into Norwegian and would be applied at the municipal level under the oversight of the Directorate.

12. Measures taken to improve the provision of mental health treatment for children included the following: a circular on enhanced coordination between the health services and the child welfare services had been issued; mental health screening systems were being developed; staff specializing in mental health had been recruited by most child welfare services; and two new mental health-care institutions for children were being set up.

13. Various parenting support programmes were run at the municipal and State levels to reduce the number of children placed in alternative care. In order to further improve the assistance provided in that area, the Directorate for Children, Youth and Family Affairs had drawn up a national plan for the professional development of child welfare officers for the period 2018–2024. That plan included the delivery of postgraduate-level training on assessing the best interests of the child. Children who were placed in foster care were visited by child welfare officers at least four times a year during the first two years of care and at least twice a year from then on.

14. Research had shown that child welfare officers lacked cultural awareness and sensitivity when dealing with members of ethnic minorities. The Directorate for Children, Youth and Family Affairs was considering ways in which to address that problem. Under the national plan for the professional development of child welfare officers, a part-time postgraduate-level training course on issues such as migration and minority groups would be organized. The Government was also funding and coordinating a mentoring programme that was designed to increase cultural sensitivity among students aiming for a career in child welfare.

15. **Ms. Ayoubi Idrissi** said that the Committee had received reports that social workers effectively had the power to decide whether children should be removed from their families, even though they were not qualified to make that kind of decision. She wondered whether the revised Child Welfare Act would better regulate the powers exercised by social workers.

16. **Ms. Berg** (Norway) said that care orders were issued only when strictly necessary, in cases of neglect, violence or abuse, and could not be issued if assistive measures were deemed sufficient. Only county social welfare boards, which were impartial and independent State bodies, had the power to issue a care order. In such cases, parents had various legal rights, including the right to free legal aid and the right to due process, and they could apply for the revocation of the care order once a year.

17. **Ms. Aho Assouma** said that she wished to know why health check-ups for children automatically included a mental health check-up. She wondered whether welfare institution staff received training on child rights and why so many children were placed in institutions, if the State party believed that, as a general rule, institutionalization was not in the best interests of the child. She would also like to know whether screening was conducted for the early detection of disabilities and what care was provided for children with disabilities.

18. The Committee had received reports that over 170 unaccompanied migrant children had fled from a camp in Norway and that around 130 such children were waiting to receive official documentation. It would be helpful if the delegation could comment on those reports, clarify the current situation of the minors in question and describe the support provided to unaccompanied migrant children.

19. **Mr. Mezmur** said that children of migrant families were four times more likely to be removed from their families than Norwegian children. Although decisions regarding care orders were taken by the Country Board for Child Welfare, more than 85 per cent of cases were ruled in favour of Barnevernet (the child welfare services). In an open letter, 117 Norwegian child protection professionals, including lawyers, had deemed Barnevernet "a dysfunctional organization" that made "serious errors of judgment". He asked how that situation would be rectified, and what would be done to ensure that migrant families

received the support they needed without living in fear of approaching the child welfare services.

20. **Ms. Khazova** asked what measures were taken to ensure that a diagnosis of attention deficit hyperactivity disorder was not used as a default for children with behavioural problems. She wished to know what strategies were employed to attempt to solve behavioural problems without prescribing medication.

21. **Ms. Rafoss** (Norway) said that efforts had been made to improve cooperation between health services and social welfare services to ensure that all measures taken were in the best interests of the child. Trained professionals would assist families with children with behavioural problems, taking due account of the best interests of the child and addressing the root causes of behavioural problems to create a home environment more conducive to good behaviour. Families were included in such programmes based on strict criteria, and the programmes would be carefully tailored to meet the families' specific needs.

22. Turning to the question of the emergency removal of children from the family environment, she said that the number of emergency interim care orders issued had been steadily falling over recent years. Orders were only issued as a last resort and with the goal of protecting children in high-risk and severely detrimental situations. The data on children who were not living in a family environment included unaccompanied minors and therefore were not purely representative of the number of interim care orders issued.

23. **Ms. Otani** asked whether the State party intended to incorporate an explicit provision on the best interests of the child into its Health Care Service Act and other health-related legislation.

24. **Ms. Berg** (Norway) said that the uptake of voluntary assistance measures tended to be much higher among migrant populations than among the Norwegian population. The likelihood of such measures being required among refugees was higher than for others, but there was no evidence that the same applied to mandatory care interventions. Article 8 of the European Convention on Human Rights, which enshrined the right to respect for private and family life, had been incorporated into national law and was applicable to parents and children. Statistics were not disaggregated by ethnicity and there were therefore no specific figures on the number of Roma or Saami children placed in alternative care. In 2017, 286 unaccompanied minors had been placed in care arrangements by the child welfare services. The majority had been placed in full-time care homes, some had been placed in foster homes and a few had been housed with relatives. An emergency telephone helpline had been set up for children and young people in 2009, in addition to other emergency assistance measures. The line, which was accessible through the European harmonized number 116111, was open 24 hours a day and could be called free of charge. The mandate and scope of the helpline service would be evaluated before the end of 2018, with the involvement of children and young people.

25. **Ms. Kolvig** (Norway) said that the disappearances of Afghan unaccompanied minors from migrant reception centres were a complex problem: residence in the centres was voluntary and the minors had left of their own volition. According to the law, if an unaccompanied minor disappeared, the reception centre was obliged to inform the police, the child welfare authorities and the Norwegian Directorate of Immigration. The authorities decided how to proceed on a case-by-case basis. The Government acknowledged that more information was needed on children who went missing from care and reception centres and had therefore ordered an investigation by the Norwegian Institute for Urban and Regional Research. Follow-up actions in response to the recommendations emanating from the investigation were being considered and efforts were being made to improve the mechanisms in place to prevent such disappearances in the future.

26. **Ms. Din** (Norway) said that most children with disabilities remained with their families and were not institutionalized. Assistance provided to enable them to lead full, active lives included: economic benefits; access to assistive technologies; respite care for parents; the allocation of a family support worker; auxiliary benefits; care allowances; and allowances to fund adaptations to the home. Children with disabilities and their families continued to face considerable challenges. With that in mind, the Government was

developing a comprehensive action plan and strategy, which would be finalized in 2019, to promote equality for persons with disabilities in all areas of society.

27. The national curriculum included comprehensive sexuality education from an early age, covering topics such as family life, relationships, the body, and gender roles, as well as human rights, gender equality and threats, such as sexual abuse. The directorates of health and of education and training were conducting a survey into how sexuality education was provided in schools, the results of which would show whether any further action would be needed to provide comprehensive education on issues concerning lesbians, gays, transgender and intersex persons.

28. **Ms. Flatebakken** (Norway) said that the national professional guidelines for the diagnosis, treatment and follow-up of attention deficit disorder had been updated in January 2017. The recommendations contained in the guidelines stated that the diagnostic process must be comprehensive and other factors that could explain the symptoms should be taken fully into account. Medication should not be the first or only intervention. Research pointed to a gender disparity in referrals for mental health care issues, with the majority of referrals for children under 12 being among boys and the majority of referrals for 16 to18-year-olds being among girls. Attention deficit disorder was three times more prevalent among boys than girls. An assessment was under way to establish what could be done to reduce the numbers of prescriptions of antipsychotic drugs and to consider whether the prescription of antidepressants was appropriate.

29. Violence and sexual abuse were recognized as public health issues that had serious consequences for individuals and society as a whole. The challenges with regard to combating violence against children were many and complex and required an intersectoral approach. Several action plans had been developed in that regard, including a national escalation plan to prevent violence and abuse which prioritized children and young people and had been drafted with input from survivors. The Ombudsman for Children had been requested to conduct a review, which was entitled, "If help had been available sooner, everything would have been different". The review had underlined the need to strengthen prevention and assistance, and action was being taken on the recommendations contained therein to improve the situation in the long and short term. The Norwegian Centre for Violence and Traumatic Stress Studies reported on knowledge-based practices that would benefit victims and the professionals who worked with them. There were also five regional resource centres for violence, traumatic stress and suicide prevention, which had been instrumental in reducing traumatic practices in health care and the social services.

30. In the Norwegian model of universal health coverage, primary care providers must be able to identify and diagnose cases of violence. Children who had been victims of violence would be treated by specialist child psychologists through trauma-focused cognitive behavioural therapy. The identification of violence and abuse was one of the responsibilities assigned to school nurses. Steps had been taken to strengthen the capacity of health centres and schools to deal with violence and abuse. Since the Convention took precedence over provisions of national law, it was clear that the best interests of the child would be taken into account in all situations provided for under the Convention, including the application of legislation on the health service.

31. **Mr. Cardona Llorens** asked whether the oversight system regarding the education of children with intellectual disabilities had been instituted in all municipalities. He wished to know who it was that decided that a child with disabilities should be educated in a special education centre. He also wished to know what measures were taken to provide for the education of Saami children with special educational needs. Lastly, he expressed particular concern that young girls with intellectual disabilities were exceptionally vulnerable to sexual abuse. He wondered whether any particular measures were in place to protect them.

32. **Ms. Aho Assouma** asked how the population was informed about the services available to victims of forced marriage and female genital mutilation and whether any awareness-raising mechanisms were in place. She asked what measures were taken to ensure the timely diagnosis of mental health conditions in children. She also wished to know whether children were encouraged to tell adults if they had been victims of violence

and, if so, whether their complaints were believed, in particular if the complaint was against a teacher. Did children receive education on their rights?

33. **Ms. Todorova** asked why the Ombudsman for Children was not entrusted with a full mandate to investigate alleged violations of children's rights. She wished to know what legislative measures were taken to ensure that the Government paid due attention to the Ombudsman's reports. She also wished to know what was done to ensure respect for children's right to have access to information about their biological origin, in cases where young children were placed outside their family.

34. **Ms. Aldoseri** asked whether children, when being assessed for attention deficit disorder, were also assessed for trauma.

35. **Ms. Skelton** asked what specific support was provided to foster families that took in siblings.

The meeting was suspended at 11.20 a.m. and resumed at 11.40 a.m.

36. **Ms. Skarsetein** (Norway) said that new, comprehensive, anti-discrimination legislation had been adopted in January 2018 and gave all children the right to education. The legislation specified that all information and communication technologies used in schools must be designed to cater for all categories of users.

37. **Mr. Saglie** (Norway) said that all children in Norway had the right to be educated in an inclusive manner in their local school. The decision to provide special needs education was made on a case-by-case basis, through an individual assessment, and a personal education plan would be developed for each student. There were currently 50,000 children in Norway in special education. Of those children, 40 per cent received special needs education in an ordinary class environment, while others were taught in smaller groups. A study conducted into special education provision in preschool, primary and secondary education institutions had concluded that special education had been lacking in quality for many years; it needed to be more inclusive and better customized, with better learning outcomes. The Ministry of Education was considering the recommendations made through the study and would publish a white paper that would include special steps to be taken to promote the inclusion of Saami children. The Sami Parliament provided 50,000 Norwegian kroner (NKr) in training scholarships for preschool and primary teachers.

38. Although the replacement in the school curriculum of religious education with the subject of Christianity, religion, philosophies of life and ethics had met with a negative response, the content remained unchanged and there had not been any negative reaction of note to the curriculum itself. Since the subject was taught at the primary and lower secondary levels, which were compulsory, there had been no dropouts in connection with the change. All teachers were trained in children's rights, and children's rights formed a compulsory part of the school curriculum.

39. **Ms. Boje** (Norway) said that around NKr 6 million had been allocated to research into female genital mutilation practices in the country. Information campaigns and training materials were available for newly arrived migrants, including three short films that were disseminated by social media. Grants were given to non-governmental organizations to disseminate information about forced marriage and female genital mutilation. A multisectoral approach to tackling the issue was being promoted.

40. **Ms. Flatebakken** (Norway), regarding the early diagnosis of disability, said that a health-care centre programme was in place to ensure regular monitoring and follow up for children from birth until they reached school age. Every effort was made to promote public health and welfare and to tackle the root causes of mental health disorders, as well as to ensure their early detection. Diagnoses of attention deficit disorder were made in accordance with the recently issued guidelines and every effort was made to ensure that the diagnoses were accurate and that other explanations for the child's behaviour had been given due consideration.

41. **Ms. Din** (Norway) said that the Government was not aware of any cases where a child had reported violence or abuse and had not been believed, not even where the report had concerned bullying by a teacher. School nurses, like all health-care professionals, were

trained to process health information and keep it confidential. If the Committee had received information about a case where a child's allegations of abuse had not been taken seriously, the Government would request that information in order to be able to investigate.

42. **Ms. Brandt** (Norway) said that the function of the Ombudsman for Children was to oversee implementation of the Convention and national law, not to receive individual complaints.

43. **Mr. Heimdahl** (Norway) said that under new legislation on adoption, which was due to enter into force in July 2018, adoptive parents would be obliged to tell children as soon as possible that they had been adopted and to inform them of their ethnic, cultural, religious and linguistic background.

44. **Ms. Rafoss** (Norway) said that the Government had appointed an expert committee to consider the need for and implications of providing financial support and other types of assistance and guidance to foster families accommodating siblings. The committee's report would be issued in December 2018 and reviewed by the Government, and subsequent policy proposals would be made.

45. **Ms. Berg** (Norway) said that the high number of cases in which the Country Board for Child Welfare favoured the position of the child welfare services could be explained by the process in place: requests from the child welfare services for the issuance of care orders had to pass through the Country Board for Child Welfare.

46. **Ms. Ferguson** (Norway) said that the new escalation plan to prevent violence and abuse included specific provisions for the Sami community. With regard to juvenile justice, special regulations had entered into force in 2014, with a focus on non-custodial sanctions. Unconditional prison sentences were only handed down in extreme cases, such as murder or grave sexual offences, and as a last resort. Minors were held in specialist detention facilities and the holding of minors on remand in solitary confinement was prohibited under the Criminal Procedure Act. While a provision limiting the use of exclusion measures for minors in breach of prison rules had been approved by parliament, it had not entered into force owing to practical challenges in implementation in a particular institution where a girl prisoner needed to be separated from the boys for her safety. The girl's separation did not constitute solitary confinement, since she was still able to receive visitors, health care and psychiatric support and was not locked up for the best part of the day. Had the provision entered into force, however, her separation, which was a security issue, would have constituted a violation of the law. The provision was therefore being redrafted to prevent the use of isolation measures for minors but allowed for them to be held separately from others in given circumstances.

47. There had been an overall increase in the incidence of online abuse and sexual victimization in Norway, as there had been in other countries. The well-developed digital infrastructure and high uptake of technology in Norway had resulted in Internet-based abuse developing particularly quickly. Abusive web content was streamed from abroad, in particular from the Philippines. Online abuse ranged from the dissemination of sexualized images between young people, to sexual solicitation, grooming and sexual victimization of young children. Children and young people were affected by online sexual content and the normalization of sexual abuse. Boys were under increased sexual pressure and the concepts of consent were unclear, which had led to an increased risk of them being reported for abuse. A new report indicated a significant increase in the number of minors reported for rape, many of whom were under the age of 15 years. There remained, however, little scientific knowledge of the dynamics of online sexual victimization and of questions such as who was the most vulnerable and at risk. Norway was participating in the European Union "Kids Online" survey, which was gathering new data about children's risks and well-being online. The Ministry of Justice had also commissioned a study to find out about online perpetrators, the results of which would be published shortly.

48. Norway was one of very few States that did not allow children or infants to reside in prison with their parents. Convicted mothers of young children either had their sentences suspended or served them in mothers' homes. Unless ordered otherwise by the courts, prisoners had the right to external contact with family and friends, which had proven crucial for reintegration into society after release. Mothers had the right to maintain personal

relations with their children provided that the arrangement was not deemed contrary to the children's best interests. Staff members specifically responsible for children's issues were present in all correctional services to ensure that the child's perspective was a cross-cutting consideration in all relevant issues.

49. Pursuant to the Execution of Sentences Act, all prisoners had the right to make telephone calls. Those in high security facilities had the right to 20 minutes of telephone time per week, while those in other facilities could make calls without any time restriction. The correctional services were responsible for placing prisoners in correctional facilities and made every effort to keep prisoners as close to home as possible. Considerations regarding rehabilitation or health-care needs could influence the place of detention, as could availability of prison places. Lastly, all victims of and witnesses to domestic violence and trafficking had the right to legal aid.

50. **Ms. Galand** (Norway) said that it could be very difficult for children to tell an adult that they had been a victim of abuse, particularly if it had been committed by their parents. Efforts were being made to break taboos and help adults to ask the right questions. Tools that had been launched in that regard included digital resources to teach children about what constituted violence, their right to be protected against it and how to seek help. The tool was used in most preschools and primary schools. Films, games and exercises had also been incorporated into the school curriculum to teach children about domestic violence, forced marriage and the dangers of Internet violence. The "Talk" digital platform had been set up to guide adults working with children to talk more comfortably about sexual abuse and to detect victims. The platform had been developed very carefully, with particular attention to the needs of children with disabilities and Saami children.

51. A youth website had also been set up, which received around a million hits per month, to provide information on all aspects of the rights and obligations of young people. The site was updated regularly on the basis of young people's concerns and included a chat function whereby young people could discuss their problems with a professional team. The site included information on topics such as violence, sexual abuse, female genital mutilation and forced marriage. It also had permanent links to certain information and prevention campaigns, such as the "Not OK" campaign for the prevention of sexual abuse and violence in young couples. The Government provided subsidies for violence prevention programmes and had funded a children's television programme, broadcast on a public television channel, which addressed issues related to violence. Guidelines had recently been issued for adults working with children with disabilities on the detection of evidence of violence and how to discuss it with the child and report it.

52. Regarding the reports issued by the Ombudsman for Children, she said that while there was no legal obligation for the Government to take account of the reports or follow them up, they were taken very seriously and were often used in policy development.

53. **Ms. Kolvig** (Norway) said that the Norwegian Directorate of Immigration was responsible for the care of unaccompanied child migrants. The provision of care for such children was not currently regulated by law, but the Directorate had instructed reception centres to meet requirements set out in a series of circulars. Pursuant to a 2017 request from the parliament, the Ministry of Justice and Public Security was in the process of drafting regulations under the Immigration Act on care for unaccompanied minors over the age of 15. Care and accommodation could be adjusted in accordance with any special needs of child asylum seekers. The Child Welfare Act applied to all children in Norway, including unaccompanied child migrants, and reception centres cooperated with child welfare services and health-care authorities. The Government had taken several measures in response to disturbances that had occurred in reception centres in 2016 and 2017, including the provision of increased funding to enhance the quantity and quality of staff and earlier settlement of unaccompanied minors who had been given time-limited residence permits owing to doubts about their identity.

54. The Immigration Act required that, when assessing the need for protection in asylum cases, immigration authorities must take into account whether the applicant was a child and must also bear in mind the fact that children's age, level of maturity and mental health might affect their ability to substantiate any claims made in connection with an asylum

application. A representative and a lawyer were appointed for all unaccompanied minors. Applications from children who had been involved in armed conflict were handled in accordance with the standard asylum procedure. No children were returned to another State in breach of the principle of non-refoulement, and children could not be denied asylum on the grounds that they had committed war crimes.

55. Under the Immigration Act, the detention of child migrants must be deemed necessary for compelling reasons. Families with children were detained only if they were due to be deported, and normally they were either deported or released within one to three days. Under new detention rules approved by the parliament, minors could not be held for more than 24 hours. A court could approve an extension of detention for up to 72 hours, but only as a last resort. Two further extensions of 72 hours could be granted, but only in special cases and only if there were compelling reasons — for example, if the family or one of its children bore significant responsibility for the Government's delay in effecting the deportation. The same rules applied to unaccompanied minors, but detention in connection with forced returns of minors was very rare.

56. In each case, the police must assess whether measures other than detention could be applied, such as a requirement to report regularly to the authorities. The Government was exploring additional alternatives to detention and had set up a temporary facility for families and children, where there were no visible bars or fences, doors were not locked and the staff did not wear uniforms. The staff were trained to care for children and cooperated with child welfare services.

57. **Ms. Brandt** (Norway) said that the Government had established a national grant scheme to combat child poverty and mitigate the problems associated with poverty by creating more opportunities for children and young people to participate in leisure activities. The authorities at different levels and civil society organizations were collaborating in the initiative with a view to ensuring that all children were able to engage regularly in at least one organized leisure activity.

58. **Ms. Giske** (Norway) said that the Government had implemented measures to mitigate climate change and strengthen national climate policy. Norway was an active participant in United Nations efforts to tackle climate change and had set ambitious targets under the Paris Agreement on Climate Change. The Climate Act set binding targets for the reduction of greenhouse gas emissions by 2030 and by 2050. Norway was also committed to combating climate change abroad and since 2008 had contributed almost NKr 23 billion to global efforts to reduce emissions from deforestation and forest degradation in developing countries. It also supported the development and transfer of technology to reduce fossil fuel dependence and promote renewable energy sources.

59. The Government had conducted a careful assessment of the planned disposal of mine tailings in Førde Fjord and had concluded that no significant harmful effects would be caused to the marine environment or to marine species or ecosystems. It had also concluded that disposal on land would not cause significantly less environmental impact. Strict conditions had been set with regard to the concentration and location of particles outside the disposal area. Extensive monitoring would be conducted to detect any effects on biological diversity in the fjord and nearby rivers and to ensure that there was no long-term impact on seafood safety. The tailings contained no heavy metals and the chemicals used to process them had no potential for accumulation in organisms. The Norwegian Environment Agency was therefore of the opinion that disposal of the tailings would not have any negative effects that could endanger a nutritious food source for children.

60. **Ms. Gulbrandsen** (Norway) said that surveys of homelessness were conducted every four years. The latest survey, in 2016, had found 229 homeless children, down from 679 in 2012. The Government provided allowances and assistance to enable disadvantaged families to rent or purchase housing.

61. **Ms. Berg** (Norway) said that relatively few children under the age of 15 disappeared from care centres. Moreover, the Office for Children, Youth and Family Affairs had reported that minor asylum seekers who left the centres had provided information about where they intended to go and had remained in contact with the centres.

62. Children could be removed from their homes and placed in care on the basis of an emergency order, but only in cases where the child was deemed to be at considerable risk of physical or psychological harm. An emergency order would not be carried out if voluntary measures could reduce the risk. The decision as to how to proceed was made on the basis of the overall best interests of the child. The Government's policy was that children should grow up in a family-based environment. Accordingly, 75 per cent of children in care were placed in a foster home.

63. **Mr. Kotrane** (Country Rapporteur) asked whether children in conflict with the law who were held in police custody had access to a lawyer and received a health check. He would also like to know the maximum duration of preventive detention and would appreciate information on the status of efforts to set up separate prison units for juvenile offenders.

64. **Ms. Ferguson** (Norway) said that a juvenile unit set up as part of a pilot project was now permanent and a second unit had been opened in the Oslo area. The delegation would provide written responses to Mr. Kotrane's other questions.

65. **Ms. Otani**, noting that the delegation had indicated that the escalation plan for preventing violence against children would focus on domestic violence, said that the Human Rights Committee had recommended that the State party should focus, in particular, on gender-based violence and sexual abuse, while the Committee on the Elimination of Discrimination against Women had recommended the adoption of a legal definition of rape (see CEDAW/C/NOR/CO/9, para. 25 (f)). She wondered whether the Government planned to follow up on the recommendations and whether the delegation could provide statistics on juvenile perpetrators of sexual offences and on any special care being provided for such children.

66. **Mr. Mezmur** said that he would like specific examples of situations in which the emergency removal of a child from a family would be considered justified. For example, if multiple children were found to be sleeping in the same bed, would that constitute sufficient reason for removing them?

67. **Ms. Aldoseri** said that she wished to know whether the Government conducted any kind of monitoring of instruction in private institutions, especially those run by religious groups, and what measures were taken to ensure that children receiving Qur'anic instruction at mosques were not radicalized. She would also like to know whether children without legal residency had the same access to health services as Norwegian children. As she understood it, such children were guaranteed care only in emergencies. In non-emergency cases, no treatment was provided unless the child was expected to remain in Norway for more than three weeks.

68. **Ms. Din** (Norway) said that all children in Norway were entitled to necessary health care. Those without legal residence were not normally assigned to a permanent general practitioner because it was assumed that they would be leaving the country in the near future; however, they were assigned to a permanent practitioner if their health-care needs could not otherwise be met. The public health services provided assistance and treatment to children and teenagers who exhibited problematic or harmful sexual behaviour. Unfortunately, she was unable to provide statistics on the number of juvenile perpetrators of sexual offences.

69. **Ms. Galand** (Norway) said that the Ministry of Culture had reviewed the regulations concerning financial support for religious communities and drafted a bill that would provide for the withdrawal of support from groups found to be organizing or encouraging educational activities that were clearly harmful to children. Religious communities that received public support would be required to report yearly on their educational activities.

70. **Ms. Enersen** (Norway) said that she wished to clarify why the Government considered that Norway should not become a party to the Optional Protocol to the Convention on a communications procedure at the present time, which did not mean that it would never do so. In 2016, the Government had presented a white paper to Parliament on communications procedures under several conventions, including the Convention on the

Rights of the Child, in which it had concluded that it would not recommend accession to the relevant protocols, owing to uncertainty about the possible political and legal consequences of accession. The Government's view was that many of the provisions on economic and social rights in the Convention were not well suited to international review in individual cases, as they set out vague and far-reaching goals that gave States considerable margin for interpretation. While the Government acknowledged that the submission of communications to the Committee could potentially help to strengthen children's enjoyment of some rights — for example, the right to the enjoyment of the highest attainable standard of health — it also considered that a lengthy review by the Committee would not necessarily be in the best interests of the children concerned. In January 2017, a large majority of Parliament had concurred with the Government's conclusions.

71. **Mr. Kotrane** said that the Committee was convinced that the vast majority of children and adolescents in Norway were well cared for and their rights were respected. Nevertheless, in its concluding observations, the Committee would highlight some areas in which the State party might go even further to protect the rights of all children, including refugee children.

72. **Ms. Stenseth** (Norway) said that the Government was pursuing a policy that would lay the groundwork for all children to enjoy a safe and happy childhood and equal opportunities. The authorities believed that Norway was currently a good place for children to grow up, but acknowledged that there was still room for improvement. The dialogue with the Committee had afforded the delegation an opportunity to think carefully about what was being done to provide children in Norway with the best formative conditions and to uphold their rights.

The meeting rose at 1 p.m.